

10/09/01

Type a plus sign (+) inside this box. → ☒

PTO/SB/05 (2/98)

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Attorney Docket No.

NIAD-201.3 DIV

First Inventor or Application Identifier

JACOBSON et al.

Title

GENES ENCODING SEVERAL POLY (ADP-RIBOSE) GLYCOHYDROLASE (PARG) ENZYMES, THE PROTEINS...

Express Mail Label No.

EL649538437US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification  
(preferred arrangement set forth below) **Total Pages** 69

- Descriptive title of the Invention
- Cross References to Related Applications
- Reference of Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113) **Total Sheets** 21

4. ☒ Oath or Declaration **Total Pages** 8

☐ Newly executed (original or copy)

- b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)

- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 C.F.R. §§  
1.63(d)(2) and 1.33 (b)

\*Incorporation By Reference (useable if Box 4b is checked)

5. ☒ The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

6. ☐ Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a. ☐ Computer Readable Copy
- b. ☒ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

J1046 U.S. PTO  
09/973451  
10/09/01**ACCOMPANYING APPLICATION PARTS**

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. §3.73(b) Statement  
(when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement  
(IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ \*Small Entity Statement(s)  
(PTO/SB/09-12) ☒ Statement filed in prior  
application, Status is proper and  
desired
15. ☐ Certified Copy of Priority Document(s)
16. ☒ Other: Check For Filing Fee

**\* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/302,812

Prior application information: Examiner: K. Lacourciere Group / Art Unit: 1635

**18. CORRESPONDENCE ADDRESS**

☐ Customer Number or bar code label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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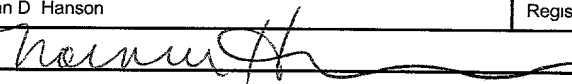
Name (Print/Type)

Norman D. Hanson

Registration No. (Attorney/Agent)

30,946

Signature



Date

10/08/01

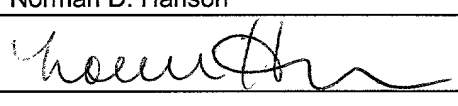
<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	JACOBSON et al.
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-201.3 DIV

**FEE CALCULATION**

(1)	(2)	(3)	(4)	(5)
FOR: <b>Small entity</b>	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE <b>\$ 370.00</b>
TOTAL CLAIMS	30- 20 =	10	x 9.00	\$ 90.00
INDEPENDENT CLAIMS	10- 3 =	7	x 42.00	\$ 294.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			<b>TOTAL FEES</b>	<b>\$754.00</b>

**METHOD OF PAYMENT**

- ☒ Please charge Deposit Account No. 50-0624 in the amount of \$\_\_\_\_\_
- ☒ A check for \$754.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Date: 10/08/07
		<b>Deposit Account No. 50-0624</b>

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